

Pena and Parker said some of their fondest memories were of Lakin bringing in books and reading them to the class. She is a good dramatic reader, they said.

Lakin and her husband, Nelson Lakin, own a farm in Ritt, and Patterson said she will always remember the roses that Lakin grew there and brought to the school office. Lakin said some of her favorite memories are of the years her students made trees for the Fantasy of Trees holiday celebration.

"Of course, they hated to give up the tree, once we finished," Lakin said. "We would usually have to make two of everything so the students would have ornaments to take home with them."

Then there were the occasional bizarre moments, like the time a boy brought a skunk to school for show-and-tell.

"It got loose and ran all over the school," she said. "Luckily, its scent gland had been removed." Eventually the skunk was apprehended.

Lakin remembers when Pena and Parker were in her class. They were both good students, Lakin said, although Pena sometimes talked when she wasn't supposed to. Lakin said that on at least one occasion she had to have a word with Parker.

"I think Lee Ann was the more mischievous," Lakin said. "She had a club, and she was charging everyone on the playground to belong to it."

Both women chuckled, and Parker rolled her eyes.

"It only cost a nickel," she said.

"It had to be disbanded," Lakin said.

Lakin said she will miss the classroom, but she looks forward to having more time for gardening and maybe doing a little traveling.

"I might do some volunteer work, too," she said.

#### TRIBUTE TO LAFAYETTE HIGH SCHOOL BOYS' LACROSSE TEAM

#### HON. JAMES T. WALSH

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 8, 2003*

Mr. WALSH. Mr. Speaker, I rise today in recognition of the high achievements of the boys' lacrosse team from Lafayette High School. After a disappointing loss 3 years ago, the Lancers finally got another shot at the state title, and came home crowned the New York State Section III Champions.

The Lafayette lacrosse program has taken home many Sectional titles in the past, but according to Athletic Director Jerry Kelly, this year's team is one of the best he's seen in ten years. After an outstanding spring season with a final record of 23-1, it seemed only fitting that this well-trained group of young men should win this final game.

On behalf of the people of the entire 25th District of New York State, I would like to congratulate the following champions on their remarkable achievement: Haiwha Nanticoke, Brendan Storrier, Pat Shannahan, Lee Nanticoke, Josh Groth, James Pierce, Blake Gale, Andrew Spack, Andrew Thurston, Jeremy Thompson, Jerome Thompson, Tyler Gale, Wes Adam, Kevin Wilkerson, Brian Gormley, Nick Lavdas, Kevin Bucktooth Jr., Matt Noble, Jaimee Loughtin, Andy Gaffield, John Paige, Brion Salitino, Randy Hadzor, Ross Bucktooth, Spencer Lyons, Pat Dwyer, Head Coach Greg Scott, and Assistant Coaches Kevin Gale, Mike Riese, and Jerome Thompson.

#### MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

SPEECH OF

#### HON. JAMES C. GREENWOOD

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 26, 2003*

Mr. GREENWOOD. Mr. Speaker, I support this new, innovative Medicare prescription drug benefit, and commend Energy and Commerce Committee Chairman TAUZIN and Health Subcommittee Chairman BILIRAKIS for developing a proposal that is fiscally responsible, modernizes the Medicare program, and delivers a sound prescription drug benefit.

A prescription drug benefit in Medicare is the most important social policy that Congress can deliver this Congress. Period.

My home state of Pennsylvania has the second highest number of seniors in the country, and these seniors are living longer, healthier lives, thanks in part to modern medications. Death rates from heart disease, cancer and stroke are going down, and hundreds of new medications are now being developed to combat diseases of aging, including Alzheimer's, Parkinson's, and arthritis.

Unfortunately, along with these new drug therapies comes a higher price to those that need them. Seniors without adequate access to these drugs will not be able to benefit from the stunning advances in health care resulting from the newest pharmaceutical products. Society will spend more money on their health care, because many new drugs actually serve as preventive measures and often prevent costly hospitalizations.

Medicare in its current form does not cover most prescription drugs. When it was created in 1965, it was a good program for its time. President Johnson, on signing Medicare into law on July 30, 1965, said, "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings they have so carefully put away over a lifetime so that they might enjoy dignity in their later years."

But with advancements in drug treatment, modern medicine has grown increasingly expensive, as Medicare does not pay for these wonderful outpatient drugs. We need to modernize Medicare. As long as Medicare does not cover outpatient drug benefits, seniors will not be as healthy as they could be, and they will pay more out-of-pocket costs for preventive medications.

Nearly two-thirds of seniors have some insurance coverage that helps pay for prescription drugs through private employer plans or supplemental (Medigap) coverage; however, the remaining third has absolutely no coverage for prescription drugs.

This is not good enough. Seniors, living on limited income, should not be the last payers of retail prices for drugs in our great country. But we should not impose price controls so that seniors can afford their prescriptions. Instead, we need to use the tools that the private sector does, using leverage and bargaining for discounts. Medicare needs to take advantage of reduced prices that we can achieve using the tools that are used by private entities, operating in the employer-provided health care market.

We need to be careful about how we reform Medicare. Those two-thirds of seniors who

have drug coverage are pleased with what coverage they have and don't want a big government solution that could increase their costs. Congress passed the Medicare Catastrophic Coverage Act in 1988 with the intention of easing the cost of catastrophic events for Medicare recipients. However, instead of helping, it made things much worse for seniors who already had catastrophic coverage. They ended up paying more out-of-pocket for fewer health benefits. It was so devastating that Congress was forced to repeal the legislation the very next year.

Mr. Speaker, this bill finds the right mix. It establishes a generous prescription drug benefit, using the private sector tools that provide significant savings for seniors when they purchase prescription drugs. And, it reforms and strengthens the Medicare program in the right way.

This bill also provides significant relief to seniors in Pennsylvania by strengthening the Medicare+Choice program. Over the past few years, seniors who have enrolled in Medicare+Choice have seen programs increase their premiums, decrease their benefits, or leave the program altogether. For example, in the largest plan in my district, seniors have seen their premiums rise from \$0 to \$94 per month.

This bill stabilizes the Medicare+Choice program. And, it fundamentally reforms the program by creating the "MedicareAdvantage" program. This program provides for significantly more stability by allowing for competitive bidding by the plans. The MedicareAdvantage program will help these plans so that they remain a viable option for millions of seniors, and continue to provide a variety of health services, such as vision, hearing, and preventative care that are not offered through the traditional Fee for Service program.

Mr. Speaker, let me talk for a minute about the reforms in the bill. It provides for the creation of a new enhanced fee-for-service program that gives beneficiaries new options and choices for services. Finally, the Medicare program will incorporate the most popular option in private health insurance (and the health insurance offered in the federal employees health benefits program), preferred provider organizations (PPO). These new PPOs will create significant new options for services for seniors.

Furthermore, this bill will not only include improving access to prescription drugs, but will modernize the Medicare program by increasing the availability of wellness programs and streamlining the often cumbersome paperwork that seniors face in getting Medicare benefits.

Finally, I am pleased that H.R. 1 has included provisions to reform the payments for the drugs that Medicare does cover in part B. These reforms represent the culmination of a multi-year investigation by the Energy and Commerce Committee.

Presently, providers are reimbursed for the cost of these drugs at 95 percent of the average wholesale price (AWP). Congress and Medicare officials have wrestled for years with the difficult issue of how to set a fair and appropriate Medicare reimbursement rate for prescription drugs covered by Medicare part B. The reimbursement benchmark we have used since the early 1990s has been the AWP, which is reported by drug companies and price reporting services. prior to that, providers were reimbursed on a cost basis, which is cumbersome and inflationary.

Over the past decade, what we have learned is that the AWP is a fictitious number that must be changed. Rather than an accurate barometer of the price at which physicians purchase the drugs used in their practice, the AWP benchmark is more like a car's "sticker price," which is usually much higher than the actual acquisition cost. Under competitive pressure, manufacturers and wholesalers will routinely discount drug prices to physicians, lower their cost, while maintaining a higher AWP. In a competitive spiral, these discounts grow, increasing the net profits on the drugs, while the Medicare program continues to pay the higher AWP.

Unfortunately, due to the 20 percent copay that all beneficiaries pay for part B services, Medicare beneficiaries presently pay \$200 million more than they should in inflated co-pays. What's more, the Medicare program itself pays over \$1 billion more than we should.

The new system, based on competitive bidding and choice, pays appropriately for drugs and reimburses physicians appropriately for services. Under this new model, we provide physicians a choice—either continue to do business as they have or enter a new program that provides drugs to physicians for administration on a replacement basis. These reforms are fair, sound and must be enacted.

Earlier this year, Congress set aside \$400 billion for the development of a prescription drug benefit in Medicare. This is a significant and meaningful commitment by Congress for our Nation's seniors. Some may quibble about the size of the benefit. However, I am convinced that we can pass legislation so that every senior has access to the latest prescription drug products and has catastrophic coverage for very serious, very costly medical conditions. We owe it to our seniors to pass and have the President sign into law, a prescription drug benefit this year.

#### HONORING PASTOR G.L. JOHNSON

#### HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 8, 2003*

Mr. RADANOVICH. Mr. Speaker, I rise today to recognize Pastor G.L. Johnson for his 40 years of ministry with Peoples Church in Fresno, California. He will be honored at a special dinner for civic and community leaders to be held Saturday, June 28th.

Pastor Johnson came to Fresno as the Associate Director of the Latin American Orphanage. In 1963, he accepted the position of Senior Pastor at Peoples Church, having had over ten years of pastoral experience. Under his leadership, People's Church has grown to become the largest Protestant Church in Central California, with an average Sunday attendance of 4,500. The Johnson Scholarship Fund has also been established in his honor to assist young people with the cost of education prior to entering full-time ministry.

Pastor Johnson has poured his life into Fresno for the sake of the Kingdom of God. He derives great joy in knowing that God has used his ministry to bring thousands to know Jesus Christ. The mission of Peoples Church seems to coincide with that of Pastor Johnson's personal mission, to "Reach . . . Win . . . Train . . . Send." It has been said that

Pastor Johnson was to Peoples Church ". . . what Babe Ruth was to baseball, George Washington to the United States, and the Apostle Paul to the Gentiles."

Pastor Johnson's respect and admiration go beyond the walls of Peoples Church. In 1997, he was listed by the Fresno Bee as one of 75 people who made a positive contribution to life in the Central Valley. He and the late Pastor Bufo Karraker gathered church and local leaders to tackle the issue of crime in Fresno, forming the NoName Fellowship, and reached beyond the church family to touch lives of the citizens in the city. Pastor Johnson has been the recipient of numerous awards such as the Distinguished Service Award of the City of Fresno, "Mayor of Fresno, For the Day" in 1973 and 1987, and listed in "Who's Who" for Fresno and American Religion. He also sits on several boards, including the Sequoia Council of Boy Scouts of America, Fresno Leadership Foundation, Police Activities League, and Northern California National Association of Evangelicals.

Pastor Johnson has spoken at numerous Christian Universities and conferences across the country. In addition to his ministry in the United States, he has ministered to large crowds in Seoul, Korea; to Russian leaders following the fall of Communism; and to Christians in Romania and China. Pastor Johnson is also the author of several booklets and articles including How to Conduct a Stewardship Campaign in the Local Church.

Mr. Speaker, I rise today to recognize Pastor G.L. Johnson for his years of ministry and outstanding personal contributions to the community of Fresno. I invite my colleagues to join me in wishing Pastor Johnson many years of continued success.

#### HONORING DR. MICHAEL REYNOLDS

#### HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 8, 2003*

Ms. LEE. Mr. Speaker, I rise to recognize the contributions of Dr. Michael Reynolds, PhD, to the advancement of science education, to the creation and development of the Chabot Space and Science Center in Oakland, California, and to the science education of young students in Oakland, the East Bay and Northern California.

Dr. Reynolds was hired as Executive Director of the historic Chabot Observatory and Science Center in 1991, after being named Florida Science Educator of the Year and being a finalist in the NASA Teacher in Space Program.

Dr. Reynolds led the team, which conceived, financed and built the new Chabot Space and Science Center, with energy, enthusiasm and skill. The center is a jewel of Northern California.

Dr. Reynolds has built programs with the United States Air Force, NASA, the National Science Foundation (NSF) and the Department of Education to further Science Education and the public understanding of the frontiers of space science.

Under Dr. Reynolds leadership, the new Chabot Space and Science Center has become internationally renowned for its science education programs.

Dr. Reynolds has secured, with NSF funding, a major new traveling exhibit from the People's Republic of China, consisting of artifacts and instruments used in ancient Chinese astronomy, that will tour the United States under the title of "Dragon Skies".

On behalf of the children, parents, educators of Oakland, of California and of the nation, I want to gratefully acknowledge the contributions of Dr. Michael Reynolds, PhD, to the advancement of science education and understanding, and for the building of the new Chabot Space and Science Center, which will serve as a place of inspiration and learning for generations to come.

On behalf of my constituents and myself I wish to recognize the accomplishments of an educator, scientist, astronomer, dreamer, and an eternal optimist whose watchword is "Keep Looking Up."

#### MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

SPEECH OF

#### HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 26, 2003*

Mr. BLUMENAUER. Mr. Speaker, I was disappointed that the Rules Committee did not make in order an opportunity for an alternative proposal from my colleagues Ellen Tauscher and Cal Dooley, in the form of H.R. 1568. Looking carefully at the arguments from both sides of the aisle on the proposals before us today, I am inclined to think that they are both right. There are egregious problems in the proposal by the Republicans. It is going to have serious dislocative effects; it doesn't adequately meet the needs of low-income people; it could actually deteriorate prescription drug coverage for others; and, it extends services to many who do not need it.

The Democratic alternative is well-intentioned and more generous, but there are questions about whether this will be affordable over time. We may be biting off more than we can sustain as Medicare goes into a time of severe strain with regard to cost and the capacity to meet the needs of an exploding retirement population.

I continue to be troubled that low income senior citizens without drug coverage pay the highest prices in the world for their medicines. This is intolerable. There is real potential to harness the vast purchasing power of the United States to negotiate better prices, the same way private employers, local governments and hospitals do. The power of the free market and negotiation should not be denied to the sector that would benefit from it the most. There is no reason that the nation's Medicare recipients should pay a higher price for the same drugs that recipients who are part of our veterans program receive. We can craft a program that is not unduly coercive, and does not lead to a disruption of the drug industry. The pharmaceutical industry needs to be more accommodating of this approach, or I feel that they will inevitably end up with far more draconian solutions. They cannot continue to mine gold from low income senior citizens.

The alternative that I would rather have had on the floor today would expend the same